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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	10/521,926
Filing Date	July 22, 2005
First Named Inventor	Berner, et al
Art Unit	
Examiner Name	
Attorney Docket Number	32577A

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 001095

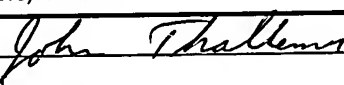
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Applicants request to transfer files

CORRESPONDENCE ADDRESS

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<input checked="" type="checkbox"/> Firm or Individual Name	D. Peter Hochberg Co., LPA		
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